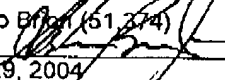


File No. 42221-0008

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I hereby certify that this paper (comprising 3 pages) is being facsimile transmitted to the United States Patent and Trademarks Office on the date shown below.

Name: Arturo Brion (51,374)
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Inventor:	Johnson et al	Our File No.:	42221-0008
US Serial No.:	10/743,784	Filing Date:	12/24/2003
Group Art Unit:	2122	Examiner:	unknown
Title:	SECURE METHOD AND SYSTEM FOR BIOMETRIC VERIFICATION		

**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents
United States Patent and Trademark Office
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Alexandria, VA 22313-1450
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Sir:

We enclose herewith the following form relating to the above-noted application:

- Two "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Form" (PTO/SB/82)

The forms have been executed by the inventors, Harold Johnson and Alec Main.

Respectfully submitted,

June 29, 2004

By: 
Arturo A. Brion, Reg. No. 51,374

CASSAN MACLEAN
80 Aberdeen Street, Suite 401
Ottawa, Ontario, Canada, K1S5R5
Tel: (613) 238-6404

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Application Number	10/743,784
Filing Date	12/24/2003
First Named Inventor	Harold J. Johnson
Art Unit	
Examiner Name	
Attorney Docket Number	42221-0008

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I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☒ I hereby appoint the practitioners associated with the Customer Number: 41018☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

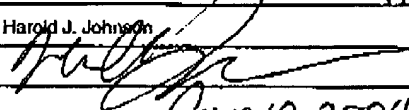
41018

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Cassan Maclean				
Address	Suite 401				
Address	80 Aberdeen Street				
City	Ottawa	State	Ontario	Zip	K1S 5R5
Country	Canada				
Telephone	613-238-6404	Fax	613-230-8755		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Harold J. Johnson		
Signature			
Date	June 10, 2004	Telephone	613-829-9569

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/743.784
Filing Date	12/24/2003
First Named Inventor	Harold J. Johnson
Art Unit	
Examiner Name	
Attorney Docket Number	42221-0008

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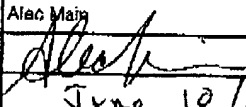
41018

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Cassan Maclean				
Address	Suite 401				
Address	80 Aberdeen Street				
City	Ottawa	State	Ontario	Zip	K1S 5R5
Country	Canada				
Telephone	613-230-6404	Fax	613-230-8755		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Alac Main		
Signature			
Date	June 10/04	Telephone	613-271-9446 x230

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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